



Not Just Once

The Bimonthly Newsletter of CMS's National Medicare Mammography Campaign

Volume 5, Issue 3 May-June 2003

WELCOME!

This issue features the latest news, including the recently-announced American Cancer Society's (ACS) breast cancer screening guidelines (see page 2). Of particular interest, we note that the ACS has this recommendation for mammography screening in older women:

"Screening decisions in older women should be individualized by considering the potential benefits and risks of mammography in the context of current health status and estimated life expectancy. As long as a woman is in reasonably good health and would be a candidate for treatment, she should continue to be screened with mammography. However, if an individual has an estimated life expectancy of less than three to five years, severe functional limitations, and/or multiple or severe comorbidities likely to limit life expectancy, it may be appropriate to consider cessation of screening. Chronological age alone should not be the reason for the cessation of regular screening."¹

Other news items include:

- the upcoming Centers for Disease Control (CDC) Cancer Conference (page 4);
- a new Centers for Medicare & Medicaid Services (CMS) program to award Continuing Medical Education credit for outpatient quality improvement projects (page 5); and,
- National Women's Health Week and National Women's Check-Up Day, celebrated in May (page 6).

We are always looking for articles or ideas for upcoming issues of the *Not Just Once Newsletter*. For example, what are your plans for National Breast Cancer Awareness Month this October? Please send stories or comments to Editor Maribeth Fonner at e-mail mfonner@cms.hhs.gov or phone her at (816) 426-6349 (NEW direct line).

Sincerely,

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¹ Smith RA, D Saslow, KA Sawyer, W Burke, ME Constanza, et al. American Cancer Society Guidelines for Breast Cancer Screening: Update 2003. *CA Cancer J Clin.* 2003; 54: 153.

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American Cancer Society Issues Updated Breast Cancer Screening Guidelines

Specific Guidance for Older Women and Women at Increased Risk; Clarified Role for Physical Breast Exams

Atlanta, GA – May 14, 2003 – The American Cancer Society has issued breast cancer screening guidelines that, for the first time, offer specific guidance for older women, women who have serious health problems, and women at increased risk. The new guidelines also offer greater clarification of the role of physical breast exams.

The guidelines, published in the May/June issue of *CA: A Cancer Journal for Clinicians*, represent the most current scientific evidence and expert opinion available. They were developed by an independent panel of 42 medical and scientific experts representing various areas including breast imaging, epidemiology, family medicine, genetics and risk assessment, geriatrics, medical oncology, nursing, public health, radiology, surgery, consumer issues, and advocacy.

The Society's new guidelines for the early detection of breast cancer are:

- Yearly mammograms starting at age 40 and continuing for as long as a woman is in good health.
- Clinical breast exams (CBE) should be part of a periodic health exam, about every three years for women in their 20s and 30s and every year for women 40 and over.

- Women should report any breast change promptly to their health care providers. Breast self-exam (BSE) is an option for women starting in their 20s.
- Women at increased risk (e.g.: family history, genetic tendency, past breast cancer) should talk with their doctors about the benefits and limitations of starting mammography screening earlier, having additional tests (e.g.: breast ultrasound or MRI), or having more frequent exams.

"These new guidelines will enable improved discussion between women and their health care providers, helping them make more informed decisions about early detection testing," said Mary A. Simmonds, MD, FACP, the Society's national volunteer president.

"While research related to the ability of CBE or BSE to reduce breast cancer deaths is limited, the exams are still important. When a woman examines her breasts, she becomes more aware of how her breasts normally feel and notice any changes," said Dr. Simmonds. "Having a physical exam by a health care professional is a complement to regular mammography and an opportunity for women and their health care providers to discuss breast changes, risk factors, and early detection testing," she explained.

"This is the clear, up-to-date, science-based guidance that women and

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¡Celebremos la Vida! Home-Grown Education Takes Root

-Emily Turk and Rachelle Chiang, MPH, CHES

Maria, Rosario and Beatriz are a powerhouse team of marketers for *¡Celebremos la Vida!* (*Celebrate Life!*). The Cancer Research and Prevention Foundation's nine-year-old outreach program's most persuasive pitchmen are the women who take advantage of its free services. They have created a powerful information system, in which a simple chat at church is transformed into lifesaving "wireless communication."

Located at the Lombardi Cancer Center at Georgetown University Medical Center and the Spanish Catholic Center in Washington DC, the program is on its way to expanding to other Hispanic communities around the United States.

¡Celebremos la Vida! is quintessential community outreach: It speaks the language of its target audience, reaches down deep for communal support and encourages a lifetime of healthy habits.

Since its inception, the program has provided breast and cervical cancer education and screening— and guaranteed follow-up care— for more than 2,300 women. The women, most of whom have no health insurance, speak little or no English and are uncomfortable in a confusing and complex health care system, are taking charge of their lives.

"I'm not an ignorant person," says Rosario, one grateful participant. "I was just afraid...now I tell everyone

I know to go and get screened."

The nation's capitol region is a perfect proving ground for the program: It has a large Latino population, whose women are less likely to take advantage of cancer's early detection tools. *Celebremos* offers mammography and Pap smears free of charge and advocates that women take charge of their own health. A bilingual nurse practitioner is on-hand and refreshments with Hispanic appeal are served to make the experience enjoyable – as well as worthwhile.

But understanding that it takes more than food and ambiance to make the program a success, crucial community partnerships have been forged. Area churches and activist Hispanic professional organizations are recruiting women who are spreading the good word through the community's active "grapevine." Before the Northern Virginia program opened its doors in 1999, its appointment book was nearly filled months in advance.

Today, the success of these two sites has encouraged the implementation of *Celebremos* programs in other cities starting this year. A Kansas City, Missouri site is scheduled to open in July 2003. Several more

Celebremos sites are currently pending.

"The achievements of these first two sites are remarkable. In the last two years, seven cancers have been detected at the Georgetown site alone," says Carolyn Aldigé, president and founder of the Cancer Research and Prevention Foundation. "*Celebremos* has become a trusted source of care in the community and word-of-mouth continues to be a powerful recruiting tool. Patients bring their neighbors, friends, sisters, mothers and aunts to monthly clinics for education and screening. And, best of all, more and more of the women are returning each year, telling us that our message for annual screening is really getting through."

For more information, visit www.preventcancer.org or e-mail rachelle.chiang@preventcancer.org

Ms. Turk is with the Marketing Dept. and Ms. Chiang is the Assistant Director of Community Outreach at the Cancer Research and Prevention Foundation in Alexandria, VA. The Cancer Research and Prevention Foundation is a member of the National Breast Cancer Awareness Month Board of Sponsors.



FUNDACIÓN DE INVESTIGACIÓN Y PREVENCIÓN SOBRE EL CÁNCER

CDC's Cancer Conference Includes an Update from CMS's Quality Improvement Program

-Owen Wachter

The Centers for Disease Control and Prevention (CDC) has announced the 2003 Cancer Conference – *Comprehensive Approaches to Cancer Control: The Public Health Role* – September 15-18, 2003 in Atlanta, GA. This conference will provide an opportunity to showcase the Centers for Medicare & Medicaid Services Quality Improvement Program. Dr. Annette E. Kussmaul will present an abstract entitled, "Improving Mammography Among Women with Medicare: A Report from CMS's Quality Improvement Program," co-authored with Bob Boudreau, PhD, and Colleen McNally RN, MEd, CPHQ, of the Virginia Health Quality Center, the Physician Office Quality Improvement Organization Support Center.

This presentation will identify how conference attendees can work collaboratively with Quality Improvement Organizations (QIOs) to improve mammography screening. National trends in biennial mammography rates over the last three years, as well as geographic patterns and demographic differences, will be presented. The range of intervention strategies and approaches used by QIOs during the previous contract, the 6th Scope of Work, to impact mammography rates will be highlighted including: working with physician offices, group practices and networks, some early physician office collaboratives, partnerships with pharmacy and department store chains (e.g., Wal-Mart), Medicare-covered preventive services information for new Medicare beneficiaries,

and social marketing and media campaigns.

The conference is co-sponsored by the American Cancer Society, the Centers for Disease Control and Prevention, the Chronic Disease Directors, the National Cancer Institute and the North American Association of Central Cancer Registries. It will provide participants with information and skills building to:

- identify strategies to increase and improve public health involvement in developing a comprehensive approach to cancer control;
- identify the public health role for each of the major comprehensive cancer control elements: prevention, early detection, treatment, rehabilitation and palliation;
- apply skills to enable the improvement, expansion and use of scientific data for decision making;
- articulate the importance that cancer registries and surveillance data in achieving comprehensive cancer control objectives;
- develop and apply strategies for establishing new partnerships and strengthening existing ones;
- identify mechanisms for improving the infrastructure for comprehensive cancer control at the state, local and regional levels;
- identify existing strategies and explore innovative community interventions for cancer screen-

ing outreach and public education; and

- identify evaluation strategies for assessing comprehensive cancer control initiatives.

The 2003 Cancer Conference will be held at the Marriott Marquis Hotel in downtown Atlanta. Early registration is \$200, which increases to \$275 after July 21. This includes exhibits, beverage breaks and a welcome reception. For more information, go to the conference Web site at <http://cancerconference.net/default.aspx>

Mr. Wachter is a Communications Specialist with the Virginia Health Quality Center, the Quality Improvement Organization in Glen Allen, VA.

New Continuing Medical Education Program Offers Credit for Quality Improvement Projects

On April 2, 2003, the Centers for Medicare & Medicaid Services (CMS) announced a new Continuing Medical Education program that awards CME credit to physicians who participate in quality improvement projects with CMS's Quality Improvement Organizations (QIOs).

As part of this national pilot program, physicians will receive American Medical Association Physician's Recognition Award category 1 credits for participating in projects to improve the care provided in their offices and/or outpatient clinics. The American Academy of Family Physicians is also participating in the pilot and will award CME credit to family medicine specialists.

Physicians can earn up to ten CME credits per year in each of three clinical areas: breast cancer screening, diabetes, and influenza/pneumococcal immunizations. Additional clinical areas may be added in the future. CMS will cover costs

for thirty CME credits per year for the first 100 physicians within each state. Most QIOs will cover the costs for all additional participants in their states.

Physicians can enroll in the program through their state QIO. Participation requires a change in office practice designed to improve performance on specified quality measures, such as the use of clinical flow sheets for female patients in order to increase the frequency of recommendation/referral for screening mammography. An ongoing measurement process will assess performance and evaluate the impact of office practice changes on quality of care.

The Iowa Foundation for Medical Care (IFMC), the Iowa QIO, is coordinating national implementation of the program. IFMC developed the new CME program in collaboration with the University of Iowa College of Medicine, and MassPRO, the Texas

Medical Foundation, and the Virginia Health Quality Center (the QIOs in Massachusetts, Texas and Virginia, respectively).

For more information about the new CME program, physicians should contact their state's QIO or visit the CMS website to find QIO contact information at www.cms.gov/contacts (Select "QIO" from the dropdown list under "Search by Type of Organization" in Step 2.)

All QIOs are participating in the national CME program except Alabama, Puerto Rico and the Virgin Islands. In these three QIOs, physicians can earn CME credits through traditional educational programs rather than through involvement in quality improvement projects.

This story was adapted from a CMS press release. The original can be found on the CMS website at www.cms.gov/media/press/release.asp?counter=724

To read back issues of the **Not Just Once** Newsletter, please visit the website: www.cms.gov/preventiveservices/1a.asp



National Women's Health Week and National Women's Check-Up Day Celebrated in May

The 4th annual National Women's Health Week (NWHW) was celebrated May 11-17, 2003. NWHW is a national effort by an alliance of organizations to raise awareness about manageable steps women can take to improve their health. The focus is on the importance of incorporating simple preventive and positive health behaviors into everyday life. The week started on Mother's Day and ended the following Saturday, a time when there is much attention already being focused on women. Over 1000 events, proclamations, and health screenings were planned in all 50 states.

This year, as part of NWHW, the first-ever National Women's Check-Up Day was celebrated on May 12, 2003. This event encouraged women to visit a doctor or other health care

professional for information and care, emphasizing that regular check-ups and discussions about screening for heart disease, diabetes, cancer and sexually transmitted diseases can improve women's health.

To assist in health tracking, the Department of Health & Human Services (HHS) issued a pocket-sized brochure, "Important Tests for a Woman's Good Health," which was distributed in conjunction with NWHW. This brochure is available in English and Spanish from the National Women's Health Information Center, (800) 994-WOMAN (9662).

HHS also issued a new women's health tool, "A Checklist for Your Next Checkup," which was created by the Agency for Healthcare Research and Quality (AHRQ). The checklist

shows the U.S. Preventive Services Task Force-recommended screening tests for women and when they should be given. It includes nine important medical screening tests to detect disease or other conditions early. The checklist also provides information on information on medicines, immunizations, and tips on staying healthy. The checklist is available on the AHRQ website at www.ahrq.gov/consumer/healthywom.htm. Materials can also be ordered by telephone, (800) 358-9295.

This story was adapted from an NWHW report and an HHS press release. The press release can be found on the HHS website at www.hhs.gov/news/press/2003pres/20030509a.html

"American Cancer Society..." continued from page 2

their doctors have been waiting for," said Amy Langer, executive director of the National Alliance of Breast Cancer Organizations (NABCO) and an 18-year breast cancer survivor. "Without question, getting a screening mammogram every year starting at age 40 is essential for good breast health."

The panel also reviewed current evidence about new and emerging breast cancer screening technologies, such as ultrasound, screen-film mammography (SFM) and computer-aided detection with SFM. The new guidelines offer women known to be

at increased risk more information about these technologies to help them and their doctors make more informed decisions about testing.

"There is a great deal of research today on developing imaging technologies that can noninvasively detect and display actual molecular events taking place in the body, said Harmon J. Eyre, MD, the Society's national chief medical officer. "However, in order to be recommended as a screening tool, the new technology must equal or exceed the performance of mammography screening, which is the 'gold standard' technology for the early detection of breast cancer," he added.

Note: The full text for the American

Cancer Society's new guidelines is available on the internet at <http://caonline.amcancersoc.org/cgi/content/full/53/3/141>

CMS's Regional Mammography Coordinators

CMS's Regional Mammography Coordinators are a wonderful resource for partners working on breast cancer projects focusing on older women. We encourage you to make contact with our coordinators listed below and learn more about how we can be of assistance to you.

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Mammograms for Older Women Poster Includes slogan with Medicare information. A poster featuring an older woman, available for display in health care settings. (minimum order: 20, maximum 5000)	English Spanish	G500 G501	11 x 17	
Mammograms for Older Women Bookmark Includes slogan with Medicare information. Bookmark features an older woman with facts in breast cancer, mammography, and Medicare coverage. (maximum order 5000)	English Spanish	Z498 Z499	2 x 8	
Ad Slicks Camera-ready ads in a variety of sizes featuring older women. Includes slogan with Medicare information.	English	C135		
Knowledge & Behavior of Women Ages 65 and Older on Mammography Screening & Medicare (Limited quantities available) 25-page bound report with findings from a telephone survey conducted in Spring of 1999. Also available at: http://newscenter.cancer.gov/pressreleases/hcfarpt.pdf	English	T162		
Breast & Cervical Cancer Programs in Your Community: A Guide for Outreach, Screening, and Follow-up Care This 205-page guide addresses program planning; establishing partnerships; outreach and education; coordination of screening, diagnostic, and treatment services; payment and health care delivery systems and more.	English	T408		
Mammogram Reminder Pad **UPDATED** A pad for clinicians with fifty-tear off fact sheets on mammograms to give to patients. Includes NCI's screening recommendations, Medicare mammography coverage, and sticker for patients' calendars reminding them of their appointment.	English	Z448		
"Do it for yourself, Do it for your family" ** NEW ** Asian American and Pacific Islander (AAPI) women have the lowest mammography screening rates of major ethnic groups in the US. Breast cancer is the most common type of cancer for Chinese women, the second most common for Vietnamese women, and the leading cause of death for Filipina women living in the US. These brochures are written in three Asian languages and in English to inform AAPI women about the benefits of mammography, NCI screening recommendations and Medicare coverage	English Chinese Vietnamese Tagalog	P048 P082 P089 P141		

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